

# Tennessee

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Tennessee

As of July 2003, 1.31 million people were covered under TennCare. TennCare is Tennessee's Medicaid program, which operates under an 1115 demonstration waiver. In state fiscal year 2002, Tennessee spent about \$6.1 billion to provide TennCare health services.

The waiver under which the TennCare program operates expands coverage beyond standard Medicaid limits and provides for different benefit packages and cost-sharing for different groups of beneficiaries, as follows:

- **TennCare Medicaid:** These beneficiaries receive the full Medicaid package, and do not pay premiums.
  - Low-income families with incomes below a State, established standard that varies by family size (e.g., \$1,367/month for a 2-person family)
  - Pregnant women and infants (under age 1) from families with incomes up to 185% FPL
  - Children age 1-6 from families with incomes of 133% FPL or less
  - Children age 6-17 from families with incomes of 100% FPL or less
  - Those eligible for SSI payments
  - Women under 65 who have been screened by the CDC and are in need of treatment for breast or cervical cancer
- **TennCare Standard:** These beneficiaries receive a limit.
  - Uninsured children under age 19 already enrolled in the program with incomes below 200% poverty
  - Uninsured adults already enrolled in the program with incomes below 100% poverty
  - "Medically Eligible" (uninsurable) individuals with incomes below 100% poverty

All groups in TennCare Standard with incomes at or above poverty will pay premiums on a sliding income scale basis. All beneficiaries in TennCare Standard with incomes at or above poverty will also be responsible for cost-sharing.

Tennessee operates a managed care system providing health care and health insurance to low-income pregnant women, families, children, elderly, disabled, and other uninsurable/uninsured through comprehensive managed care organizations. Behavioral health services, however, are excluded from this program and provided through one of two specialty Prepaid Inpatient Health Plans (PIHPs) that deliver only behavioral health services. A PIHP is a behavioral health managed care organization (BHO). As of July 2003, about 1.31 million participants were eligible to receive mental health and substance abuse services through BHOs.

## TennCare

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### *Who is Eligible?*

#### **Families and Children**

1. Low-income families with incomes below a State, established standard that varies by family size (e.g., \$1,367/month for a 2-person family)
2. Pregnant women and infants (under age 1) from families with incomes up to 185% FPL
3. Children age 1-6 from families with incomes of 133% FPL or less
4. Children age 6-17 from families with incomes of 100% FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

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## **Aged, Blind, and Disabled**

1. Individuals eligible to receive SSI.
2. Individuals residing in a nursing facility or ICF/MR with incomes up to \$1,656/month (300% of the SSI benefit rate).
3. Women under 65 who have been screened by the CDC and are in need of treatment for breast or cervical cancer
4. Persons who are residents of medical institutions for a period of 30 consecutive days and meet specific income, resource, and medical criteria.

## **Medically Needy**

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have monthly incomes (1) below a State-established limit that varies by family size (e.g., \$241/month for an individual) or (2) sufficient medical expenses to spend-down to that income limit.

1. Pregnant women
2. Children under age 18
3. Aged, Blind, and Disabled
4. Caretaker relatives
6. Children under the age of 21, who public agencies are assuming full or partial financial responsibility and who are in a foster home, private institution, nursing facility or ICF/MR or who are receiving active psychiatric treatment as inpatients.

## **Waiver Populations**

Tennessee has an 1115 waiver that allows them to expand Medicaid coverage to include the following groups. The waiver allows the State to offer these groups a reduced package of benefits, but that policy is on hold pending review by the new Governor. In the meantime, members of these groups continue to receive the full Medicaid package.

1. Adults below 100% poverty, who enrolled as uninsureds, continue to lack access to health insurance, and do not otherwise qualify for Medicaid.
2. Uninsured children under age 19, who enrolled as uninsureds, whose family incomes are below 200% poverty and who do not otherwise qualify for Medicaid.
3. Individuals who have applied for TennCare Standard and have been determined by the state or a state-contracted underwriter to be unable to purchase health care insurance in the private market because of health conditions and whose family incomes below poverty.
4. People who lose Medicaid eligibility, subsequently apply for TennCare, and belong to group 1, 2, or 3. However, people who are staying on the program may be enrolled in Group 3 at any income level. Those with incomes at or above poverty must pay premiums and copays for their care.

## ***What Mental Health/Substance Abuse Services are Covered by Medicaid?***

TennCare covers services only through its Section 1115 waiver. They do not report service coverage under the standard state plan service categories. The specific mental health and substance abuse services covered in TennCare are as follows:

- Psychiatric inpatient facility services, as medically necessary
- Physician psychiatric inpatient facility services, as medically necessary
- Outpatient mental health services, as medically necessary
- Inpatient and outpatient substance abuse services, as medically necessary, with a limit of 20 detox days and \$30,000 in lifetime benefits for adults aged 21 and older who are not SPMI
- Mental health case management services, as medically necessary
- 24-hour psychiatric residential treatment services, as medically necessary
- Mental health crisis services
- Emergency and non-emergency transportation to receive covered services

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Services may be provided by any provider licensed and qualified to provide them as long as that provider is credentialed and enrolled in the BHO's network.

## **SCHIP Medicaid Expansion Program**

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*Tennessee does not operate a SCHIP Medicaid Expansion Program.*

## **Separate SCHIP Program**

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*Tennessee does not operate a separate SCHIP program.*